Discovery Benefits
FSA • HSA • HRA • COBRA • Transportation

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Flexible Spending Account Enrollment Form

*= Required Fields

Step 1: Participant Information

*Employer Name (Do not abbreviate)

*Employee ID Number

*Participant Name (First, MI, Last)

*Social Security Number

*Participant Mailing Address

Email Address (If provided, all notifications will be sent via email)

*City

*State

*Zip

Day Telephone

*Birth Date (mm/dd/yyyy)

*Hire Date (mm/dd/yyyy)

*Enrollment Reason (Please circle one): Open Enrollment Period / New Hire

Gender (Please circle one): Male/Female

Marital Status (Please circle one): Married/Single

Step 2: Employee Premiums

If you have a payroll deduction for insurance premiums, eligible premiums will be deducted before taxes are calculated. You will automatically be enrolled in this portion of your Section 125 Plan. However, if you wish, you may opt out of the Employee Premium Conversion part of the Plan by contacting your HR Department and filling out the waiver form. *Please Note: Insurance premiums are not eligible for reimbursement with your Medical or Limited Medical Spending Account.

Step 3: Enrollment and Election Information

*Plan Type (if enrolled in an HSA, you are not eligible to enroll in the Medical FSA. However, you are eligible for both the Limited Medical FSA and Dependent Care FSA if offered through your employer)

	Medical FSA Limit set by employer	Dependent Care Account Limit set by employer up to IRS maximum	Limited FSA Limit set by employer if this plan type is offered
*Annual Election (if employer funded, note 'ER' next to amount)	$		
*Number of Pay Periods (if enrolling mid-year, please enter the number of remaining pay periods within the plan year)	÷		
*Per Pay Period Amount (to be deducted each pay period)	=		
*Date of First Payroll (mm/dd/yyyy)			
*Participant Effective Date (mm/dd/yyyy)			
*Pay Frequency (please circle one)	Monthly / Semi-Monthly / Bi-Weekly (24) / Weekly / Other		

Step 4: Optional Services

*Please select only one. Check with your employer as to which services your plan offers.

	Debit Card	A debit card pays directly from your Flexible Spending Account at the point-of-sale. Itemized receipts are required for all transactions that are not auto-substantiated at the point-of-sale.
	Auto EOB	Auto EOB is the automatic crossover of eligible health claims from a participant's health insurance carrier. Payment is made automatically to you from your Flexible Spending Account.

Step 5: Authorization or Refusal

*Please select only one.

Participant Authorization
I authorize my employer to reduce my pay on a per pay period basis as indicated above. I understand my reduction is for one flex plan year and that I cannot change or revoke my election unless I experience a qualifying event in accordance with Internal Revenue Code Section 125 and submit my request within a reasonable amount of time as deemed by the IRS and my employer. I am aware of the plan's forfeiture provision and that my Social Security and federal unemployment benefits may be reduced because of my reduced salary for tax purposes. Further, I authorize the release of any information necessary to substantiate claims submitted against my Flexible Spending Account.

Participant Refusal
I do not want to participate. I understand that by refusing to participate, I will be unable to enroll this plan year unless I experience a qualifying event in accordance with Internal Revenue Code Section 125 and submit the change within a reasonable amount of time as deemed by the IRS and my employer.

*Employer Signature (Not required during open enrollment)

*Date

*Participant Signature

*Date